AMENDMENTS TO THE CLAIMS

The listing of claims will replace all prior versions, and listings, of claims in the application:

Listing of Claims:

1. (Original) In a server system capable of communicating with a payment entity, a carrier, and a client computer associated with a health care provider, a method of advancing payment for health care services rendered by the health care provider, in response to an insurance claim, and prior to the carrier making payment on the insurance claim, the method comprising the acts of:

receiving an insurance claim that includes patient information, insurance information, and treatment information from the client computer;

determining whether the insurance claim is eligible for advance payment, including performing the acts of determining whether the treatment information corresponds to health care services that are approved for payment, and determining whether the patient is an approved beneficiary of the carrier;

if it has been determined that the insurance claim is eligible for advance payment, performing the acts of:

transmitting claim information associated with the insurance claim to the payment entity, wherein, upon receiving the claim information, the payment

entity advances money to the health care provider prior to the carrier making payment on the insurance claim; and

transmitting the insurance claim to the carrier, wherein, upon receiving the insurance claim, the carrier makes payment on the insurance claim to the payment entity, thereby paying for the money advanced to the health care provider.

2. (Original) A method as defined in claim 1, wherein if it has been determined that the insurance claim is not eligible for advance payment, the method further comprises the acts of:

receiving from the client computer, prior to the patient being discharged by the health care provider, a revised insurance claim that includes revised treatment information; and

determining whether said revised insurance claim is eligible for advance payment.

3. (Original) A method as defined in claim 1, wherein upon receiving notice from the payment entity the remote server computer further performs the act of transmitting information to the client computer that indicates how much money is approved for advance payment of the insurance claim.

4. (Original) A method as defined in claim 1, wherein the method further comprises the act of transmitting information to the client computer indicating to the health care provider whether the insurance claim is eligible for advance payment.

5. (Original) A method as defined in claim 1, wherein upon determining that the insurance claim is eligible for advance payment, the method further comprises the act of receiving a notice from the payment entity that identifies how much money will be advanced to the health care provider.

6. (Original) In a system comprising a client computer, a remote server computer, a payment entity, a carrier, and a financial entity, a method of paying a health care provider for rendered health care services before an insurance claim for the rendered health care services can be processed by the carrier, the method comprising the acts of:

receiving, at the client computer, patient information, insurance information, and treatment information entered by a health care provider to a computer-displayable claim form displayed by the client computer;

transmitting an insurance claim that includes the patient information, insurance information, and treatment information from the client computer to the remote server computer;

determining, by the remote server computer, whether the insurance claim is eligible for advance payment; and

if it has been determined that the insurance claim is eligible for advance payment, performing the following acts:

transmitting claim information from the remote server computer to the carrier and to the payment entity, determining, by the payment entity how much money should be advanced for the rendered health care services and determining how that money should be distributed;

transmitting a fund distribution request from the payment entity to the financial entity; and

distributing, by the financial entity, credit between a provider operational account and a provider reserve account.

7. (Original) A method as defined in claim 6, wherein the act of determining whether the insurance claim is eligible for advance payment comprises the act of determining whether the patient is a beneficiary of the carrier.

8. (Original) A method as defined in claim 7, wherein the act of determining whether the insurance claim is eligible for advance payment further comprises the act of determining whether the treatment information corresponds to health care services that are approved by the carrier.

9. (Original) A method as defined in claim 6, wherein if it has been determined that the insurance claim is not in condition to be paid, transmitting a revised insurance claim that includes at least revised patient information from the client computer to the remote server computer, prior to discharging the patient who received the health care services, to determine whether said revised insurance claim is in condition to be paid.

10. (Original) A method as defined in claim 8, further comprising the act of transmitting, from the remote server to the client computer, a suggested revised treatment code that corresponds to the health care services rendered.

11. (Original) A method as defined in claim 6, wherein the carrier performs the act of processing the insurance claim after the server computer performs the act of transmitting claim information to the carrier.

12. (Original) A method as defined in claim 11, wherein the act performed by the financial entity of distributing credit between the provider operational account and the provider reserve account occurs prior to the act performed by the carrier of processing the insurance claim.

13. (Original) A method as defined in claim 12, wherein upon completing the act of processing the insurance claim, the carrier further performs the act of making a payment to the financial entity to pay for the insurance claim.

14. (Original) A method as defined in claim 13, wherein the payment by the carrier is credited to the provider reserve account.

15. (Original) A method as defined in claim 6, wherein the credit distributed into the provider operational account is immediately accessible to the health care provider.

16. (Original) A method as defined in claim 15, wherein the credit distributed into the provider reserve account is not accessible by the health care provider, and wherein the reserve account is debited for service fees, interest payment, and to pay down any unpaid balance on credit made to the provider operational account and the provider reserve account.

17. (Original) A method as defined in claim 6, wherein explanation of payment data is provided over the Internet and is updated by at least one of either the payment entity and the financial entity.

18. (Original) A method as defined in claim 6, wherein the computer-displayable form is a hypertext markup language document.

19. (Original) A method as defined in claim 6, wherein if it has been determined that the insurance claim is eligible for advance payment, further performing the act of transmitting from the server computer to the client computer information that indicates an amount to be paid by the carrier to the health care provider, prior to discharging the patient from the offices of the health care provider.

20. (Original) A method as defined in claim 6, wherein if it has been determined that the insurance claim is eligible for advance payment, further performing the act of transmitting from the server computer to the client computer information that indicates how much of a co-payment is required of a patient, prior to discharging the patient from the offices of the health care provider.

21. (Original) A method as defined in claim 20, further comprising the act of collecting the co-payment from the patient based on the co-payment information.

22. (Original) In a client computer capable of communicating with a remote server computer that is in communication with a payment entity, a method of interactively preparing an insurance claim that is eligible for advance payment for health care services performed on a patient, the method comprising the acts of:

generating a computer-displayable claim form for display to a health care provider;

receiving patient information, insurance information, and treatment information entered to the claim form by the health care provider;

transmitting an insurance claim that includes the patient information, insurance information, and treatment information from the client computer to the remote server computer;

receiving information from the remote server computer indicating to the health care provider whether the insurance claim is in allowable condition for advance payment, the information having been received in response to the remote server computer having performed the act of determining whether the treatment information corresponds to health care services that are approved for payment; and

if the information from the remote server indicates that the insurance claim is not in allowable condition for advance payment, transmitting a revised insurance claim that includes revised treatment information from the client computer to the remote server computer to determine whether said revised insurance claim is in allowable condition for advance payment.

23. (Original) A method as defined in claim 22, wherein if the information from the remote server computer indicates that the insurance claim is in allowable condition for advance payment, the method further comprises the act of, prior to discharging the patient, the client computer receiving from the server computer information that indicates how much money the patient should pay for a co-payment.

24. (Original) A method as defined in claim 22, wherein the treatment information includes at least a diagnosis code and a treatment code.

25. (Original) A method as defined in claim 22, wherein if the information from the remote server computer indicates that the insurance claim is in allowable condition for advance payment, the method further comprises the act of displaying information that indicates how much money will be advanced to a provider account to pay for rendered health care services that are identified in the insurance claim.

26. (Original) A method as defined in claim 25, wherein the information that indicates how much money will be advanced to a provider account is displayed after it is received by the client computer from the remote server computer, and wherein the remote server computer receives the information from the payment entity.

27. (Original) A method as defined in claim 26, wherein the information that indicates how much money will be advanced to a provider account displayed after the client computer

accesses the information on the Internet, and wherein the information is generated by the payment entity.

Please cancel claims 28-35 without prejudice.

36. (Original) A computer program product for implementing, in a server system that communicates with a client system, a payment entity and a carrier, a method of informing a health care provider who uses the client computer whether an insurance claim for health care services rendered to a patient is approved for advance payment, the computer program product comprising: a computer-readable medium carrying computer-executable instructions for implementing the method, the computer-executable instructions comprising:

program code means for receiving an insurance claim that includes patient information, insurance information, and treatment information from the client computer, the patient information, insurance information, and treatment information having been entered to the client computer by a health care provider;

program code means for determining whether the insurance claim is eligible for advance payment, including performing the acts of determining whether the treatment information corresponds to health care services that are approved for payment, and determining whether the patient is a beneficiary of the carrier;

program code means for initiating transmission of reply information to the client computers the reply information indicating to the health care provider whether the insurance claim is eligible for advance payment;

program code means for initiating transmission of co-payment information to the client computer that indicates how much money the client owes as a co-payment for rendered health care services;

program code means for performing, if the reply information indicates that the insurance claim is not in condition to be paid, the acts of:

receiving a revised insurance claim; and

determining whether the revised insurance claim is eligible for advance payment; and

program code means for performing, if the reply information indicates that the insurance claim is in condition to be paid, the acts of:

transmitting claim information to the carrier for processing the claim;

transmitting claim information to the payment entity for determining how much money to advance to the health care provider and for determining how to distribute the money;

receiving financial information from the payment entity that indicates how much money will be advanced to the health care provider; and

transmitting to the client system the financial information that indicates how much money will be advanced to the health care provider.

37. (Original) A computer program product as defined in claim 36, wherein the computer-executable instructions further comprise program code means for initiating transmission of a computer-displayable claim form to the client computer, the claim form including fields for accepting the patient information, insurance information, and treatment information.

38. (Original) A computer program product as defined in claim 36, wherein advance payment is payment that is received by the health care provider prior to receiving a payment from the carrier for the health care services that are the subject of the insurance claim.

39. (Original) A computer program product as defined in claim 38, wherein the advance payment is received by the health care provider prior to the carrier adjudicating the claim.